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Complete and sent	this, form, together	with applicabl	c fee(s), to:	<u>Mail</u>	Mail Stop ISSUI Commissioner fo	E FEE or Patents	ز/	
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\(\frac{1}{2} \) AUG 2 9 7006 \(\frac{1}{2} \)				r <u>Fax</u>	(571)-273-2885			
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4417 LANCASTER PIKE					Carol Reeder (Depositor's name)			
WILMINGTON, DE 19805 John H. Lamming					Carol Reoder (Signature)			
John II. Equiting				August 29, 2006		(Date)		
APPLICATION NO.	PILING DATE	FIRST NAMED INVE			TOR	ATTORNEY DOCKET NO	CONFIRMATION NO.	
10/720,967	11/24/2003	Vladimir Grush				· PE0649USDIV7	5220	
TITLE OF INVENTION: ELECTROLUMINESCENT IRIDIUM COMPOUNDS WITH FLUORINATED PHENYLPYRIDINES, PHENYLPYRIMIDINES, AND PHENYLQUINOLINES AND DEVICES MADE WITH SUCH COMPOUNDS								
THIS THE CITE OF THE COUNTY	ES AND DEVICES (MADE	WITH SOCK CO	MPOONDS					
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SMOOT, STEPHEN W		2813			257-040000]		
1 Change of correspondence		ung on t	the patent front page, li	St				
CFR 1.363).	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively.							
Cirange of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.								
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignce is identified below, no assignce data will oppear on the patent. If an assignce is identified below, the decomposition of the patent.								
PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CPR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) E.I. du Pont de Nemours and Company Wilmington, Delaware								
					.,			
Please check the appropriate	assignee category or catego	ries (will not be pr	inted on the pa	itent) :	☐ Individual	orporation or other private gre	oup entity Government	
4a. The following fee(s) are	enclosed:	40	. Payment of F				•	
Issue Fee Publication Fee (No small entity discount permitted)			A check in the amount of the fee(s) is enclosed. Payment by credit eard. Form PTO-2038 is attached.					
Advance Order - # of Copics			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number U4-1920 (enclose an extra copy of this form).					
5. Change in Entity Status	(from class, indicated at a		Deposit A	ccount N	Tumber 04-1928	(enclose an extr	a copy of this form).	
a. Applicant claims St	MALL ENTITY status. See	37 CPR 1.27.	□ b. Applica	nt is no	longer claiming SMAL	LL ENTITY status. Sec 37 CI	FR 1.27(c)(2).	
The Director of the USPTO i NOTE: The Issue Fee and Pr interest as shown by the reco	is requested to apply the Issuablication Fee (if required) wards of the United States Pate	e Fcc and Publicate vill not be accepted and Trademark	tion Pcc (if any I from anyone Office	other the	c-apply any previously an the applicant; a regis	y paid issue fee to the applica scred attorney or agent; or th	tion identified above. ne assignee or other party in	
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Authorized Signature	/ ICHWA A AAAAA	M. A.			Date A	ugust 25, 2006		

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